

Illinois Health Reform Implementation Council  
Public Hearing on Implementation of the Affordable Care Act  
October 20, 2010 in Carbondale

I am Miriam Link-Mullison, director of Jackson County Health Department. I also sit on the Public Health - Health Information Exchange (HIE) Workgroup for the state of Illinois and on the regional Medical Trading Area Planning Group. Thank you for giving me the opportunity to speak to issues related to the Affordable Care Act implementation in Illinois.

It is clear that electronic health records (EHR) and HIE have great potential to increase quality and decrease cost. You have heard many examples from hospitals so let me share how this plays out for public health.

One of the way public health prevents disease is through providing and promoting immunizations. One way to increase the number of children fully immunized is to track immunizations and to provide incentives. Medicaid is currently providing incentives to providers who have fully immunized the children seen at their practice. Tracking immunizations would be much easier through EHR and HIE. Illinois has an immunization registry called I-CARE. This registry is a repository of immunization records. Unfortunately, a provider has to enter immunization records into the medical record and into the I-CARE registry separately. Clearly, electronic health records (EHR) and Health Information Exchange (HIE) could reduce this redundancy, save dollars, and increase the completeness of the information available.

Another way local health departments protect health is through monitoring and controlling communicable disease. Providers are required to report certain communicable diseases. The current system requires this as an entry into the medical record as well as an entry into the disease reporting system (INEDDS). EHR and HIE would give public health better data which would increase our capacity to identify outbreaks more effectively.

The benefits to public health go well beyond immunizations and communicable diseases. Public health uses data to identify health problems in communities and to address those health problems. Better data means more targeted and effective programming that makes better use of resources.

The potential benefits are great and we are making progress on making EHR and HIE a reality. Public health has been included in this planning and there needs to be a continued commitment to include public health in planning. Policy needs to be developed that would allow public health to extract needed data from HIE. We also need to ensure that the public health system is being provided resources so these population health benefits are realized. Funding is needed for:

- enhancing both state and local health department technical capacity;
- interfacing between the state public health data systems and HIE and between local health departments and HIE; and
- supporting the planning process to ensure that this system is developed and utilized fully

As has been mentioned throughout tonight, we need to change our delivery system to put more focus on prevention and population health. Local health departments provide leadership in their communities to focus resources on the prevention of chronic disease. Unfortunately, local health departments are getting very little funding to do this. Currently the only funding that all local health departments receive in Illinois to address prevention of chronic disease is funding for tobacco control and prevention. In Jackson County, we receive \$20,000 each year to impact smoking rates and second hand exposure for 58,000 people living in this county. If we seriously want to prevent chronic disease, then we need to be serious about providing funding. We need funding for creating healthy communities that support the promotion of active lifestyles and healthful eating as well as the reduction of tobacco use.

In Jackson County we have worked closely with the Community Benefits Department at Southern Illinois Healthcare (SIH). We work collaboratively on all our community prevention with SIH and other community partners. We do this work through our Healthy Communities Coalition. This is a model approach and we are now working to replicate it in the health department jurisdictions surrounding us. We now have Healthy Communities Coalitions that cover the lower 16 counties in Illinois. We also have the infrastructure in place for implementing more chronic disease prevention and for moving towards healthy communities, but we need to fund these types of model programs.

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